

**CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT**

**Project Inspector
Qualification Record SSS-5**

To be completed by the Project Inspector. Form must be signed by Inspector, Owner, Design Professional in General Responsible Charge, and Structural Engineer. To be submitted by the Design Professional in General Responsible Charge at least 10 days prior to start of work.

1. Project Inspector

Name _____

Address _____

City _____ State _____ Zip _____

Phone #s () _____ () _____

Date of Birth _____ - _____ - _____

 Type of DSA approval requested: ☐ Project Inspector ☐ Relocatable Building In-plant (RBIP)

Class _____ DSA Certificate # _____ Expiration Date _____

DSA File No.

 DSA
Application No.

 Will the inspector be in the
employ of the school district? ☐ Yes ☐ No

If no, indicate inspector's employer:

2. Project Information

School District/Owner	Project Name (School)
Scope of Work	Estimated Cost \$

3. Experience Record - List the three previous projects that best qualify you to perform inspection services for the project entered in item 2.. For previous school projects, provide the DSA application number in the "Project Name" field

Project Name _____ _____ Construction Cost \$ _____ Check one: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs Structural systems of new construction or structural alterations: <input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	Job Title: <input type="checkbox"/> Project Inspector <input type="checkbox"/> Field Superintendent <input type="checkbox"/> Construction Trade _____ <input type="checkbox"/> Other _____ Dates employed: FROM _____ TO _____ Employer _____ Employer's Phone () _____
Project Name _____ _____ Construction Cost \$ _____ Check one: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs Structural systems of new construction or structural alterations: <input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	Job Title: <input type="checkbox"/> Project Inspector <input type="checkbox"/> Field Superintendent <input type="checkbox"/> Construction Trade _____ <input type="checkbox"/> Other _____ Dates employed: FROM _____ TO _____ Employer _____ Employer's Phone () _____
Project Name _____ _____ Construction Cost \$ _____ Check one: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Relocatable Bldgs Structural systems of new construction or structural alterations: <input type="checkbox"/> Wood Shear Wall <input type="checkbox"/> Concrete/Masonry Shear Wall <input type="checkbox"/> Steel Frame	Job Title: <input type="checkbox"/> Project Inspector <input type="checkbox"/> Field Superintendent <input type="checkbox"/> Construction Trade _____ <input type="checkbox"/> Other _____ Dates employed: FROM _____ TO _____ Employer _____ Employer's Phone () _____

4. Inspector's Time Commitment/Workload

Specify your time commitment to this project: ☐ Full Time (40 hours per week) ☐ Part Time (less than 40 hours per week)

Will you be working concurrently on other school projects? ☐ Yes ☐ No If yes, list each project below. Attach additional sheets if necessary.

Project Name & Location	Scope of Construction Work	DSA Application#	Completion status - %

Will you be working concurrently on non-school projects or other employment? ☐ Yes ☐ No If yes, for each project, provide name, location, scope of construction work, your duties, and the completion status of the project in the space below. Attach additional sheets if necessary.

5. Inspector's Affidavit

I hereby certify under penalty of perjury that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for my immediate dismissal. If I undertake additional work, other than stated herein, I will secure prior written approval from the school district/owner, the architect and/or engineer, and Division of the State Architect.

If appointed, I will accept the responsibilities of inspector and will perform the duties conferred upon me by Sections 17280/81130 through 17316/81147 of the Education Code, or Sections 16000 through 16023 of the Health and Safety Code. *I will not accept payment or other consideration for my services from anyone other than the school district/owner.*

An original signature is required

Signature _____ Date _____

The following affidavits must be signed by an authorized representative of the school district/owner, as well as the Design Professional in General Responsible Charge, and the Delegated Structural Engineer before this application is submitted to the Division of the State Architect for approval. The information provided on this document will be maintained in a public record file. *Original signatures are required.*

6. School District/Owner's Affidavit

_____ is being employed by the school/owner, conditioned upon the acceptance by the architect or registered engineer in general responsible charge, and the approval by the Division of the State Architect (DSA), to provide competent, adequate and continuous inspection during construction of this project. I understand that the inspector will act under the direction of the architect or registered engineer in general responsible charge, and DSA. The inspector shall also be responsible to the Owner.

Title of school district/owner's representative completing this affidavit _____

Signature _____ Print Name _____ Date _____

7. Affidavit of Design Professional In General Responsible Charge

I find _____ to be suitably qualified and satisfactory to perform inspection on this project.

My assessment is based on (check one): ☐ Interview (date _____ - _____ - _____) OR ☐ Prior professional relationship

Signature _____ Print Name _____ Date _____

8. Affidavit of Structural Engineer

I find _____ to be suitably qualified and satisfactory to perform inspection on this project.

My assessment is based on (check one): ☐ Interview (date _____ - _____ - _____) OR ☐ Prior professional relationship

Signature _____ Print Name _____ Date _____

The design professional in general responsible charge must submit this completed form to the DSA office where the project was filed.

**Approval
by
Division of the
State Architect**

Signature of Field Engineer _____

Print Name _____ Date _____